A STUDY OF THE RELATIONSHIP BETWEEN THE DISTURBED BEHAVIOR OF TEN CHILDREN AND THE SOCIO-ECONOMIC ASPIRATIONS OF THEIR PARENTS KNOWN TO THE CHILDREN'S CENTER OF METROPOLITAN DETROIT SEPTEMBER, 1949 TO FEBRUARY, 1950

A THESIS

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CHAPTER I

INTRODUCTION

SIGNIFICANCE OF THE PROBLEM

In recent years, parents have frequently asked why their children suck their thumbs and have temper tantrums, why they are jealous of their siblings, why they are destructive, and why they have not learned self-control. Unable to understand or cope with such problems, some parents sometimes recognize the need for special help and may seek it in a child guidance clinic. Such clinics, being psychiatric in nature, diagnose and treat children who have deviated from normal response and are accepted by the clinic for treatment from infancy through adolescence.

The National Committee for Mental Hygiene has set standards which these clinics are expected to meet and at present there are ten such clinics in the State of Michigan, with the Children's Center of Metropolitan Detroit being one of these clinics. This clinic was established in 1930 under the Children's fund of Michigan through the efforts of Senator James Couzen. Senator Couzen in 1928 invited six interested citizens to join him and to accept the trustee-ship of a gift of ten million dollars dedicated to the welfare of children. He specified two requirements in creating this fund, first, "To promote the health, welfare, happiness and development of the children of the state of Michigan, primarily, and elsewhere

in the world. The second, being of equal importance as the first, related to the expenditure of the money within a specified time and manner, namely, that both the principal and interest to be completely used within twenty-five years. No restrictions were to be placed on race, creed, color, or social conditions in providing for children. This fund, designated as the Children's Fund of Michigan, made possible the establishment of agencies to promote the physical and mental development of children."[1]

The trustees of the fund from the very outset were greatly interested in mental hygiene and a child guidance program in Michigan. In order to stimulate interest in this area and to demonstrate the value of psychiatric skill in the treatment of childhood difficulties, the fund joined with the Individual Psychology Foundation and the Detroit Society for the Scientific Study of Character in 1930 and brought Dr. Alfred Adler, the distinguished Viennese psychiatrist, to Michigan. Under the auspices of the Children's Fund, Dr. Adler promoted several clinics and gave lectures planned to interest teachers, parents, social workers, and physicians.[2]

Educational work was promoted through lectures and consulations with physicians, pediatricians, parents, teachers,

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[1] The Children's Fund of Michigan for the Year Ending April 30, 1930, Annual Report, (Detroit, Michigan, 1930), p. 5.

[2] Ibid., p. 18.

public health nurses, and social workers in order to provide more intelligent guidance and management of children and consultation with physicians, pediatricians, and teachers as to the best method and plans for dull and feeble-minded children. The same year the Children's Center, Child Guidance Division of the Children's Fund of Michigan was initiated; and the objectives of the Children's Center were interpretation and treatment of emotional problems of children with average and gifted ability. Children were referred to the Children's Center because of behavior and personality difficulties and because of social maladjustment at home, at school, and within the community.

In the beginning, the staff consisted of Dr. Maud E. Watson as director, one psychologist, a pediatrician, and two trained psychiatric social workers. A student training program was begun immediately with four students enrolled. From its establishment up to the depression of the 1930's the staff and student unit steadily expanded. However, in 1933 the number of student and staff members was greatly reduced; but in the same year, a boarding home department was added, and a trained social worker employed.

By 1939 the staff had again increased[1] and at present has

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[1] Ida Elizabeth Horton, "A Study of Twenty-two Negro Children Referred to the Children's Center, Child Guidance Division, Detroit, Michigan - September, 1944 to September, 1945." (Unpublished Master's thesis, Atlanta University School of Social Work, 1946), p. 5.

reached its heights. After the death of Dr. Watson, Dr. John M. Dorsey, psychiatrist, became the next director of the Children's Center. By 1948 a plan of merger with the State of Michigan was initiated where-by the State would gradually take on more responsibility until the Children's Fund of Michigan was completely used. At this time, the Children's Center became a state clinic; and Dr. James Cunningham, a psychiatrist, became the full-time director and Mrs. Elizabeth Armstrong, a psychiatric social worker, the assistant director.

During its years of constant work with the community and the children, the Children's Center has promoted efforts along constructive planning, It has been equipped so that the children brought for study may be observed by means of play techniques and interviews under the most therapeutic conditions. In 1949 the staff was composed of psychiatrists who were medically trained, psychologists who were experienced in psychological clinical testing, and psychiatric social workers with special training in child guidance, who work in a clinical team. There is also a full-time play room worker as well as a secretarial staff.

The Children's Center had a student unit to which social work students from Wayne University, University of Michigan, Detroit, Michigan and Atlanta University, Atlanta, Georgia were admitted for training in psychiatric social work. There were also psychiatrists in training for child psychiatry and academic psychologists who are admitted for clinical training. Since

1946 the Children's Center has been used by the Wayne University College of Medicine as a clinic in training medical students in the prevention of mental diseases.[1]

The services of the Children's Center were divided into three groups; namely, consultative, diagnostic, and treatment. Upon being accepted for treatment, a child is studied carefully through a battery of psychological examinations to determine his abilities, disabilities, or other psychological data. The clinical worker, usually a social worker, unless diagnostic or psychiatric treatment is indicated by a psychiatrist, has the responsibility for treatment. He makes an appointment with the parents and the child and has interviews with them at the Children's Center as often as it appears essential. Most children, unless more frequent contacts are indicated, are seen weekly. Occasionally it is necessary to make outside calls to the home, school, or to a social agency. Interviews are held for one hour, and the time is divided between the child and the parent. Usually a mother brings her child to the Children's Center, however, during the course of treatment, interviews, when possible are held with both parents. The length or treatment varies with each individual case depending upon the parent's understanding and interest in the problem and on the child's accessibility to treatment. Treatment is worked out to give the child some understanding of

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[1] Op. cit., The Children's Fund of Michigan for the Year April 30, 1947, p. 11.

himself and to give the parents some awareness of his difficulties and their attitudes and influences which may play a part in the child's behavior. The worker attempts to establish a meaningful relationship with the child and his parents. Total acceptance of parents, the child, and their problems is given. The worker attempts to instill confidence and friendliness and to extend service to all persons seeking assistance.

The writer became interested in some of the causative factors of symptomatic behavior as it relates to parent-child relations in terms of the parent's social and economic aspirations for themselves and their children during a period of field work at the Children's Center of Metropolitan Detroit. Such an interest was stimulated by the writer's own case load and through conferences with other workers.

Purpose of the Study

In this study the writer purposes to point out some aspects of the relationship between anxiety states, habit disturbances, and conduct disorders exhibited in children and the aspirations of their parents from a social and economic standpoint.

Scope of Study

This study was concerned with ten selected, active treatment cases at the Children's Center of Metropolitan Detroit, Detroit, Michigan during the period of September, 1949 to

February, 1950.

Method of Procedure

For the purpose of this study, the data were secured through case analyses of ten cases from the active files of the Children's Center of Metropolitan Detroit, Detroit, Michigan and through personal interviews with either the parents, the child, or the clinical worker at the Children's Center. In some cases, interviews were held with other persons involved in the treatment situation. Further information was obtained through consultations with staff psychologists, psychiatrists, and psychiatric social work supervisors. Literature, including the Annual Reports of the Children's Fund of Michigan, was used to obtain information concerning the trend and growth of the Children's Center as well as data pertaining to the dynamics of inter-personal relationships and personality difficulties.

CHAPTER II

EMOTIONAL RESPONSES REFLECTING ANXIETY STATES

A child may be in a anxious state when he exhibits a great deal of conflict internally on a not too conscious level; and children frequently express their inner emotional distress and anxieties that arise between them and their environment, in symptoms of a physical nature or in the form of behavior disorders.[1] An anxious child has much aggression which he turns inwardly on himself yet conveys it outwardly in the form of hyperactivity, anxiety and nervousness, fears, sleep disturbances, or a speech defect.

In case of John, a six year old boy, his mother reported that not only did he show much anxiety but also a great deal of nervousness such as twisting his hands and trembling, when she merely asked him something.

Case of John

> John was referred to the Center by a nursery school because he was having difficulty in school adjustment. In school he was very restless, unable to pay attention, refused to stay in his seat, and seemed to be unable to get along with the other children. When John's mother first noticed he was very restless, she had him examined by a doctor who stated that his nervousness was without physical foundation. John continuously ran instead of walking, and when permitted out

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[1]Gerald H. J. Pearson, Emotional Disorders of Children (New York, 1949), p. 15.

> of doors to play, he would run until he was tired out. He would then have to come in and lie down. His mother contended that John was not a healthy child and that she suspected he had heart trouble. Therefore, she had to watch his activities in order that he would not over do. When John was engaged in some passive activity, such as listening to the radio or reading, or when he was afraid of being punished, he would often bite his finger-nails or toe-nails. Whenever, questioned by his mother about his activities or behavior, John would lie to her. His mother would then continue to question him until she felt he was telling the truth. On the other hand, John would tell his father the truth.

In considering John's background, it was noted that his mother appeared to be a very stern, rigid, and aggressive person who came from a small southern community. The maternal grandparents died when the mother was very young, and she and a maternal uncle moved to a relative's home in a border state. John's mother felt she had been given little educational and social advantages and had been forced to work so hard that her present physical condition was a repercussion of this experience. When his mother was able to secure an education, she completed secondary school and then obtained employment as a receptionist in a doctor's office and later as a beautician. It was evident that school and education meant a great deal to her, and to add to it, John's father had had a limited educational background beginning his work experience at a very early age, chiefly in personal service and unskilled types of employment. John's father appeared to be a passive person, did not play a dominant role in the family, and worked long hours as a truck-delivery man.

> John was born two years after his parents' marriage; and his mother had experienced a great deal of dis-comfort during this pregnancy. His early development seemed to have been more or less normal. He was breast fed the first few months and then weaned to a bottle. As an infant, he constituted no feeding problem. He was easily toilet trained, and by the time he was fifteen months he was considered completely trained. When John was five years of age, a series of situations arose which called for some new adjustments. At this time a brother was born; John was enrolled in two kindergartens one public and the other parochial; and his mother continued to teach him at home. He was not permitted to participate freely in the neighborhood with his own age groups. His only outlet seemed to have been in drawing and water painting which he started at an early age. At home these activities were insisted on by his mother and held as a measure of accomplishment. According to his mother, he often awoke from sleep and asked to draw or paint; however, outside the home John made no effort, even when suggested, to engage in these activities. Whenever around children of his own age, John made every effort to win their friendship or to imitate them. Much to his mother's disapproval, John would often dress or talk like his school mates or other children in the neighborhood. When reproached by his mother concerning these activities, John would correct his behavior immediately to conform with his mother's standards.

It has been said that the most frequent cause of nervousness lies, doubtlessly, in the environment, both physical and psychological, and in the training and routine under which the child lives.[1] John, a rather insecure and suppressed child, exemplified this. Strict and rigid discipline had been imposed on him, and he had been unable to express his aggression. Therefore, he had to turn this aggression inwardly and release it through nervous manifestations. In order to explain the

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[1]Smiley Blanton and Margaret G. Blanton, Child Guidance (New York, 1927), p. 213.

behavior of a child, it is necessary to review the earlier experiences to which he has been subjected, namely, the special circumstances which have surrounded him, the experiences he has had, the kind of adults with whom he has lived, and other important factors. Several things happened to John who was an only child up to the age of five when he was disturbed and threatened by the arrival of a baby brother. Up to this time, John had received his mother's time, attention, affection, and much of her interest, and a sibling meant that he must share his mother. About the same time, John was enrolled in school, which in itself proved to be a traumatizing experience, while he was in the process of making an adjustment to the baby who usurped his place in the home, and meant rejection for John.

Further study of John pointed to his chief emotional difficulties stemming from the rigid pressure of his mother. Psychological weaning from his mother, his need for some male identification, and his mother's need to compensate for her own desires educationally through John became an added element to his conflict. The mother's own experiences having been unsatisfying, educationally and occupationally, were reflected in her attempt to gratify them through exercising control over John's activities.

On the other hand, John struggled in a confused way to respond to the demands of his mother. Her controlling and protective attitudes combined with his father's passivity and long hours away from the home made it difficult for John to

identify with any parent person. It is through identification and relating to the opposite sex that brings about an adequate adjustment in the oedipus situation and enables a child to extend himself to others. The inability of John to make friends indicated he was confused in handling himself in relation to others because he had not found a place for himself with his parents or in his home. Furthermore, his mother expected excellent academic achievement from John, as revealed in her attempt to convey the idea that his paintings and drawings were superior. With an I. Q. 110, John did have the capacity to do average work, but he was not using himself adequately in school. His failure to adjust academically and socially which meant so much to his mother suggested some degree of pleasure for him in displeasing her. When out of her sight, drawing meant very little to John. However, because of his fears and his dependency upon her love and affection, he attempted to please her in the form of extremely conforming behavior. The finger-nail and toe-nail biting were not only physical manifestations but also had psychological components. John used such oral behavior as a means of relief when pressure or strain was present.[1]

As in the case of John who exhibited physical symptoms of his emotional discomfort, Ellen, age 11, likewise showed

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[1]Federal Security Agency, Social Security Administration, Children's Bureau, Your Child From One to Six, (n. p., rev. ed., 1945), p. 91.

physical disturbances, the orgin of which seemed to be other than organic. Not too much was known of the background of Ellen's mother, and it seemed that her maternal grandparents had not offered her mother much emotional or economic security. As early as the age of eight, Ellen's mother was employed as a model, and when she was 12, it seemed as if her employment was so important to her family that engagements for modeling were expected to be kept. When she attempted to differ with the maternal grandfather in planning for herself, she was severely punished by him. She was able to relate in detail the fact that the maternal grandfather had struck her causing some injury to her back; and by the time she was sixteen years of age, there were evidences of a spinal curvature which necessitated support by a cast and heavy braces for a long period of time. Ellen's father seemed to have very little part to play in the family situation; and little information was obtained relating to his background or his meaning to Ellen.

Case of Ellen

> Ellen was referred by a private physician because there seemed to be evidences of either epilepsy or hysteria. From time to time she had a haziness and her eyes appeared glassy. She had two fainting attacks, with one occurring at school and the other one at a radio station. Both attacks happened after Ellen had appeared on a television or radio program. Ellen had done considerable radio and television work and felt she was letting her mother, principal, and teachers down when she did not appear on these programs.

Ellen's mother felt that her interest in show business

was evidence that Ellen had identified and taken after her. She was able to give involved details of this work and how Ellen had always wanted to be in show business. In relating Ellen's experiences, her mother stated that she too had done some show work along with her modeling. As her mother talked, there were many indications that Ellen's show work meant a great deal more to the mother than she was able to admit. She was quite defensive and rationalized that she had never pushed Ellen. The mother appeared to be giving and amiable on the surface, but there were some evidences that she had considerable hostility, aggression, and was over-protective of Ellen. She seemed to be ambitious, yet unstable and nervous, and unconsciously attempted to limit Ellen's activities with the thought that her daughter might have epilepsy and repeatedly stated "It would be like a death sentence to me if my Ellen has epilespy." She also stated "Ellen is all the sunshine in the world. She has a magnetic personality, and I just can not accept her being sick like this."

> Ellen was described as being a wonderful child from the beginning. Her birth was normal, but when she was bottle fed she had a history of vomiting and exzema. She was weaned in one year and never presented a feeding problem. Toilet training was begun early and was easily accomplished. One of Ellen's early traumatic experiences occurred at the age of four, at which time she was carried to see her maternal grandmother in a mental institution. The situation was exceedingly frightening, and since then Ellen has been extremely fearful of hospitals. Ellen started her radio appearances at an early age and spent considerable time in long practices and appearances on both the radio and television.

> Because of these activities, her academic achievements were very low, and her school was quite concerned about the great amount of time spent in long practices and performances.

Her mother felt quite bitter toward the school personnel because of their attitude toward Ellen's broadcasting activities and her academic performance. In addition, she had gone to some length to secure a scholarship for Ellen so that she could attend private school. She felt that both Ellen and her sister had the caliber, ability, and talent which made them private school material and eligible for opportunities above the average. Prior to coming to the clinic, Ellen had failed to obtain certain theatrical engagements and lately, had been rejected on programs she had helped to make popular. Both her mother and Ellen had been disturbed and deflated by this response to her performance.

In the case of Ellen, there was some connection between her mother's own childhood anticipations, which were thwarted, and her ambitious desires for Ellen. Her need to succeed and to be recognized by others indicated some affectional deprivation which related to early family experiences. Through her own children, especially Ellen, this mother had hoped to attain her personal desires and perhaps relive her own ambitions.

Ellen was over-protected and limited in her activities by her mother, and because of the demands made upon her, her own feelings of hostility, aggression, and frustration increased, and Ellen was unable to accept her mother's limitations as opposed to her own desires. The fainting, seeming

hysteria or epileptic attacks appeared to have been emotional blockings, and these were symptoms of anxiety brought about by the pressure and demands that threatened her. Her inner feelings accentuated by the external situation caused some degree of panic which was expressed in uncontrollable somatic manifestation.[1]

It is normal for parents to want their children to succeed, but often parents, who themselves were denied opportunities for education and advancement which they craved, have centered their hopes in a child whom they count on to carry their ideals to fulfillment.[2] Many parents who behave in this way are doubtless seeking to compensate for the disappointment which life has brought them or for the corroding sense of inferiority which persists even under the outward appearance of success. These parents are using their children for narcissistic purposes instead of being guided in their relations with them by means of impartial personal consideration of what is best for their children as individual people. Such attempts to relive one's life in his children are as futile as any that come under the observation of child guidance clinics, and the using of children on the part of parents for such purposes

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[1]O. Surgeon English and Gerald H. J. Pearson, Emotional Problems of Living (New York, 1945), p. 333.

[2]Mary Buell Sayles, The Problem Child at Home (New York, 1928), p. 47.

is most destructive to the children.[1] Threats to a child's development as illustrated above, may result in acute or chronic phobias, and one of the most common of childhood fears is nocturnal anxiety, usually referred to as nightmares or night terrors. Alan, age 6, proved to have many distressing experiences which aggravated his anxious and apprehensive responses to his surroundings.

Case of Alan

> Alan, a small, brown eyed, round faced boy, was referred to the Children's Center because his parents were concerned about his attitude at school. He was a rather shy child but would smile whenever given a feeling of acceptance and warmth. It was learned that Alan suffered from nervousness, fears, and frequent nightmares. Upon going to bed he would grit his teeth until he fell asleep. During the night he was often awaken by his screaming. When his parents would go to his room, Alan would be sitting up in bed shaking. He would claim that there were wolves under his bed, and once or twice he claimed his stomach was going up and down.

His mother was 30 years of age and always very neatly dressed. She spoke in a pleasant voice and appeared to be very eager to discuss Alan and his situation. She conveyed little about herself except that she was an only child, but she considered her childhood as being normal and fairly happy. Alan's maternal grandparents were both professional people and had been very strict in her rearing which the mother felt she could appreciate, although as a child she had not always understood her parent's rigid discipline because sometimes it

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[1] Ibid., p. 51.

proved inconvenient. During her childhood, the mother had many friends but was not permitted as much freedom as children are permitted at present. She remarked that modern parents did not seem to care about their children or what they would grow up to be. Alan's mother spoke with pride of her own academic achievement because she was a college graduate and had been an excellent student throughout her school career.

She had been reared in a very comfortably situated family, and such standards had been maintained after her marriage. Alan's father was also of this economic group because the paternal grandparents were also professional people. He was a teacher and appeared to be a rather intelligent and well informed person. He felt he had been a regular boy, was an obedient child, and never gave his parents any great amount of difficulty. The paternal grandparents had certain religious and moralistic ideas which they instilled in their children, and Alan's father indicated that he thought he had been too moralistic and too severe in his discipline of Alan. He gave the general impression that he and Alan had a good relationship. The relationship between the mother and son, however, had some critical aspects, and Alan was expected to conduct himself in a more grown up manner instead of acting like a baby.

> Alan had been born about 18 months after his parents were married. He was bottle fed and toilet trained early without much difficulty. His mother said he had been reared according to a rigid schedule, both for feeding and training. As a baby he cried

> a great deal and was allowed to do so for long periods of time, because his parents thought it was wrong to pick him up.

Both parents had looked forward to Alan's birth; the father especially was very proud and wanted a boy. The mother had received little sex education because discussion of sex was taboo in her family. During her pregnancy she vomited rather frequently, and this occurred particularly in the morning or after eating certain foods. The delivery she described as not being any worse than other women had. She acknowledged that both parents were very happy that Alan had been a boy and that they had wanted to do everything right for him. They had not wanted to spoil him, and gave this as the reason for permitting Alan to cry without picking him up. Alan's mother returned to her employment when he was 22 months old and continued to work until conception of the second child; who was four years Alan's junior. Recently the mother enrolled at a local University for courses. Because Alan was the first child, his parents had high hopes for him and appeared quite disappointed in him in that he was not making the academic achievements that would be expected of a teacher's child.

> Alan at the age of 22 months was enrolled in a nursery school which he attended until he was four and a half years of age. During the time he went to the nursery school his mother felt he had made a satisfactory adjustment there. He began kindergarden late because he had just recovered from polio. In kindergarden Alan was very aggressive toward other children and some what impulsive in his behavior. Later he was transferred to a new school and on the first day, being sent to school alone, he arrived at school at 10:15 A. M. At

> home Alan enjoyed drawing and at school did not pay attention long enough to complete his work. He got into difficulty at school because he annoyed and urinated on children, was failing in his own work, misbehaved and would not conform in the lunch room, and was generally a disturbing factor.

Alan's teacher stated that he was anti-social, implusive, and questioned his mentality. His mother became quite disturbed by the teacher's suggestion that Alan might be mentally retarded because both parents had been good students in school and could not accept the fact that her son might be dificient. Much concern centered around his school behavior and especially about his academic work. Whenever Alan brought home a poor report card or when people in the neighborhood complained about his behavior, his father would become most demonstrative, because it was felt that Alan's behavior was having some negative affect on the family's relationships with the neighbors and friends of their social circle. Efforts were made to help Alan improve; he had been made to study until he knew his daily lesson, severely punished, and embarrassed by comparison with other children. When he was criticized or reprimanded, Alan would allow his mouth to drop open, and it was evident that he stuttered when he became excited.

On each of his visits to the Children's Center, Alan gave the appearance of being well-mannered, but somewhat with-drawn when around his parents. When the discussion of his problems was introduced Alan was rather reluctant to talk about them. He contended that he was happy, that the teachers and children did not like him and that he did not

like school.

For a six year old child, Alan, had undergone several traumatizing experiences and was a very confused and anxious child who expressed his anxiety through his behavior, his nervousness, his nightmares and his stuttering. These symptomatic reactions seemed indicative of his insecurity in his relationships with others as a result of difficult life situations. He had received moderate love, affection, and too little attention from his parents as shown by their permitting him to cry for long periods of time and the rigid parental handling during the early formative stages of his development, coupled with sibling rivalry at a time when he had not achieved a satisfactory relationship with his parents or resolved his oedipus conflict. During the oedipus situation, it is natural for a child to have anxiety even when his parents love him and are reasonable in their demands. If the parent is overstrict and insists that a child conforms to too high a standard or if the parent rejects the child, the latter develops anxious feelings lest he do something that will break the tenuous bond he feels he has with the beloved person. Alan's conflict was reflected to some extent in nightmares, the content of his dreams, and his fear of wolves attacking him during his sleep which may have been symbolic of his feelings about his father.[1] In these instances, the anxiety results from the excessive

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[1] O. Surgeon English and Gerald H. J. Pearson, op. cit., p. 336.

degree of emotional conflict - the natural need to gratify childish impluses and the fear that if this is done he will lose his parent's love.[1] This was well illustrated in the case of Alan whose parents were overly strict, too demanding, and somewhat rejecting of him.

To the child who is anxious and fearful, the ungratified desires appear to be dangerous impulses, and there is a tendency to suppress his awareness of such desires yet feel the anxiety caused by these impluses. This may result in uncontrollable nervousness and jittery state or an acute anxiety attack which may occur while the child is asleep and is known as nightmares or night terrors. These reactions grow out of a distortion of ideas relating to instinctual impluses and are usually concerned with the sexual or the aggressive impulses with which the child is struggling.

The cases of John, Ellen and Alan have illustrated states of anxiety caused, for the most part, by environmental pressures. The anxiety exemplified internal conflict between the ego or self responding to real situations and instinctual desires. The aggression of each child studied and presented was turned inwardly but expressed outwardly in symptomatic behavior as John, Ellen and Alan. Although it is normal for parents to want their children to succeed, each of these children's parents in their attempt to gratify their own ambitious desires

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[1] Ibid., p. 167.

did not allow his child to develop his own individuality.

CHAPTER III

PERSONALITY DIFFICULTIES EXPRESSED IN THE FORM OF HABIT DISORDERS

Frequently, a child with habit disorders clings to autoerotic pleasures since other satisfactions are denied.[1] Many times, habit disorders begin in infancy as a reaction to inadequate handling by a mother-person or a mother-substitute. Out of the ten cases studies, only a few showed symptoms which could be classified as habit disorders[2] that are symptomatic manifestations such as nail-biting, thumb-sucking, enuresis, masturbation, or tantrums.

Thumb-sucking is one of the earliest forms of manipulative satisfaction and is almost always acquired during the first years of life. It is one of the most common habits that young children develop and will be relinquished as the child grows older and as soon as a constitutional need is satisfied. Most finger sucking cases found at child guidance clinics are cases where the child has retained this commonly called "bad habit" such as in the case of Lynn Jones.

Lynn was quite a passive, submissive eight year old Negro boy. He was extremely sensitive and would become tense if mildly startled or if an adult raised his voice at him. He was referred because he had sucked the first finger on his

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[1]Gordon Hamilton, Psychotherapy in Child Guidance (New York, 1947), p. 46.

[2]Lawson G. Lowery, Psychiatry for Social Workers (New York, 1946), p. 260.

right hand since he was about three months old. At the time of the referral, he sucked his finger at night, when he went to bed, when he was bored or quiet, and when reprimanded. In an attempt to stop this habit, his mother wrapped his finger in gauze and strings when he was two. As a result Lynn became extremely upset, and his mother had to remove the wrapping.

Case of Lynn

> Lynn was born three years after his parents were married and was a healthy child at birth. When he was four months of age he was placed on a bottle as his mother's milk appeared to be inadequate. Lynn had difficulty in the weaning process, and at first he refused the bottle, which the mother felt was due to his not being accust accustomed to it.

His mother, although pleased, was some what frightened by the idea of child birth. The father, however, was very very happy and hoped for a boy. The pregnancy was not too difficult other than the mother had frequent spells of "morning sickness". Lynn's mother was in labor several hours but stated that delivery was not as frightful as she had expected.

> Lynn had been a fairly healthy child, having had no serious illnesses other than the regular childhood diseases. He was described as being a good baby and had never been aggressive, destructive, disobedient, or to have questioned what his parents or grandparents taught him. At the age of six, Lynn entered kindergarten. Although he made passing grades, Lynn was unable to make an adequate social adjustment in this school. After one and a half years there, his mother went to great lengths to have him transferred to another school, where he not only had difficulty in adjusting but also developed a reading problem.

Lynn's mother was a very light complexioned Negro, who,

though rather stout, was an attractive woman. On each visit to the clinic she was rather reserved and controlling. She showed great concern over Lynn's finger-sucking, his school problems, and her family's social status. She appeared to be trying very hard to bring Lynn up according to her own ideas and standards. She seemed quite dominating and showed little warmth in her relations with him. In discussing Lynn in terms of her ideas and standards, his mother gave a rather involved story of her family's position in the neighborhood. She was quite self-conscious about racial identification and was striving to keep Lynn from developing any of the characteristics associated with the so-called "stereotype Negro." She projected her needs in this area by stressing Lynn's dress, manners, and behavior. It was apparent he had been constantly reminded that he was not to act or behave in certain ways as it would reflect on the family's position and acceptance in the neighborhood, and from early life, Lynn had been forced to conform to standards far above his chronological age and ability.

The maternal grandfather, a professional person, had moved his family into an all white neighborhood where his children had been reared and accepted by their white neighbors. Lynn's mother described her childhood as being normal and quite happy. She frequently spoke of her childhood social life and of her father as being able to maintain a standard for them equal to or better than some of their neighbors. The mother recalled having sucked two of her fingers and stopped

only when she became conscious of the fact other people did not do so. Several times she wondered about the causes of finger-sucking since she had acquired this childhood habit, and now Lynn and a maternal aunt's two children sucked their fingers.

In recent years, the neighborhood had acquired a large Negro population, and Lynn's mother felt her family was now being identified with this new population, which she described as being of a "lower class." She had not been able to accept her new neighbors, and stated that the maternal grandfather and her husband were too liberal in that they never looked down on any one. Lynn's mother attributed his maladjustment in the first school to the low morals and standards caused by the predominance of Negroes. The school to which he was transferred was predominantely white and was described as a much better one because its standards were more in keeping with the mother's ideas.

In contrast to the mother's people, Lynn's father was a non-professional person. He had completed secondary school and was now employed as a cabdriver. He showed much concern over his son but appeared rather disappointed at Lynn's somewhat passive behavior in lieu of expected roughness in boys. The mother felt the father was more disturbed over Lynn's finger-sucking then she and that he put more pressure on Lynn in his attempt to stop this behavior.

Not only is finger-sucking a symptom of hunger, a fear of castration, or a feeling of insecurity with the mother person

but may also be one wherein a child has met an insoluble difficulty in his development and attempts to solve it through regression. On the other hand, there may be adverse parental attitudes that are making him too miserable and unhappy to permit him to give up his infantile forms of gratification.[1] In Lynn's case, who during infancy was not able to gain oral satisfaction because of an inadequate nursing experience, he started finger-sucking when he was placed on a bottle which he refused and to some extent, implied his feelings of being rejected as well as being insecure. In their attempt to handle Lynn, his parents were not aware of the fact that he was not an extroverted child and was not responding to his environment but much more of an introvert. To some extent he was a disappointment to his parents who indicated this by expecting more of him and wanting him to be different. From his behavior one can see that Lynn was suffering from the adverse attitudes of those that surrounded him. He was not able to be himself and was compelled to conform to standards set by his mother which were too much for him to attain. Much anxiety and confusion were created for him due to his own instinctual drives and the demands placed on him by parent persons who could not accept themselves or feel free enough to permit Lynn to develop as a normal child. These obstacles being too great for him to surmount he regressed to a more infantile stage of gratification.

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[1] O. Surgeon English and Gerald H. J. Pearson, op. cit., p. 194.

Just as finger-sucking is one of the earliest forms of habit disturbance, temper tantrum, and uncontrolled outburst of kicking and screaming, is a dramatic, physical demonstration of a child's fears and anxiety, and a most frequent habit disorder. Carl, age five was referred to the clinic by his mother because of temper tantrums and obsessive dependency upon his mother.

Case of Carl

> Carl was a slender, round faced youngster, who resembled his mother very much. On his first few visits to the clinic he appeared afraid to permit his mother out of his sight and would not associate with the other children in the play room. However, after several visits he was able to participate in some of the passive games with the children. It was noticed that Carl never smiled and played very quietly and unobtrusively. He was very cautious and careful in trying to play with another child. When painting he was quite concerned about getting himself dirty. On one occasion the whole palm of one hand was covered with red paint, which he started to smear but seemed compelled to wash his hand.

Both parents were concerned over the fact that they got disturbed over the behavior of Carl but not over exactly the same behavior in their second child, Donald. Carl's mother was a very attractive woman, but quite nervous and exhibited a great deal of anxiety over Carl's behavior, her martial problems, and over Carl and his father's relationship. In relating her own experiences, the mother stated she was the youngest of five girls and showed considerable feelings against her parents because she felt they were responsible for their children never really "making anything very great of themselves."

The mother had finished high school but seemed overly impressed with academic achievements. She often spoke of her limited educational experiences and expressed a strong resentment over the fact she had not been able to obtain more. She had been quite rigid in her control over Carl, and commented that both she and her husband seem to have a great need to control their children. Carl's mother was very much aware of her need to control and easily related it to her own background. During her childhood, she had been completely dominated by her parents and, at times, experienced feelings of inferiority. As a child she had always looked forward to owning her own home, having several children, and maintaining a comfortable standard of living. Although she had obtained these to some degree, Carl's mother stated she was not happy.

In discussing her martial difficulties, she stated that Carl's paternal grandmother had not wanted his father to marry her and had constantly interfered with their marriage. Carl's mother related how happy his father had been over Carl's birth but since had not wanted any more children. Both the father and the paternal grandmother had complained about the conception of the other two children, claiming that the family could not afford them. The martial difficulty seemed to center around the mother's need to have children as opposed to the father's wish not to have them. During each of the mother's last two pregnancies, the father became very much upset and blamed his wife. However, Carl's father refused to use birth control

measures, and the sexual relations were disturbing to both parties. Carl had witnessed the dissention between his parents; especially those voicing their attitudes toward each other, the treatment of Carl, or the expectancy of another child.

Carl's father was a very boyish looking man with rosy cheeks and appeared to be rather attached to the paternal grandmother. The paternal grandfather died when the father was three years of age, and from that time until the father was seven, he was cared for by the paternal grandmother. When he was seven the paternal grandmother remarried, and Carl's father had never been able to accept the paternal step-grandfather who was a traveling salesman. As a child, the father had always been interested in athletics but had not been able to participate much in them or to become an outstanding athlete to which he aspired. He had never lost this interest and, at the time of the referral, often engaged in out-door activities with other male friends. Carl's father had great hopes for Carl being an athlete amd had been very unhappy when Carl showed no aptitude in this area. During his interviews at the clinic, the father was able to verbalize that all people were not athletically inclinedbut admitted he could not accept it about Carl. His feelings about this were related by the mother who told of how upset the father appeared to be while watching a friend's six year old boy play ball with the friend.

When Carl's father returned from military service he went

into business as a Filling Station Operator with the help received from the paternal grandmother. He spent long hours planning and working because he felt this was necessary to make the business grow and pay-off. His whole life seemed to have been centered on economic and social gains as he spent less and less time at home, longer hours at work and took time off only for sport activities. Whenever he did give some attention to the family, he would attempt to develop Carl's interest and ability in the area of sports. Carl's seemingly lack of interest as well as inability caused his father to become angry, and, as a result, he would reprimand Carl. During such episode Carl would become frighten and seek refuge in his mother. The aspirations of the father had caused a great deal of conflict not only between Carl and his father, but also between his parents.

> Carl, who was named for his father, was born while his father was still in the Armed Forces. As a baby he received much of his mother's time and attention. It would appear that he had been over-protected by her and not allowed to develop independently. During the toilet training period, which was started early, the mother had a great deal of trouble but was able to accomplish it through rigid and persistent effort. Carl was nine months old when his father was discharged from the Service. He seemed very fond of him yet it appeared that the relationship between Carl and his father had never been a wholesome one because Carl, as a baby, would cry whenever his father would pick him up or attempt to hold him. Once his father had spanked him with a spoon, and since that time, Carl apparently had resented his father more. Carl would often say "Why don't you go to work, daddy." For some time now, Carl would not let his father come near him; and whenever his father touched him, he would scream, cry, jump up and down and often throw himself on the floor. Whenever one of these tantrums

occurred Carl's father would also become angry, blame his wife for Carl's behavior and then leave the house.

A child who gives such a dramatic demonstration of his feelings, as Carl did, is likely to be emotionally unstable and not capable of withstanding the average amount of stress and strain.[1] In all cases, consideration of the cause or causes should be given whether they represent an unconscious protest against the thwarting of some fundamental desire or a crude method to gain an end, to attract attention, to obtain a bribe, or to adverse parental attitudes. Sometimes, a child's anger is a natural reaction to fear as in the case of Carl where there was no outlet for flight or escape. Carl showed fear and feelings of insecurity aggravated by the over-protection of his mother and rejection by his father. It was also evident that Carl was reacting to immature parents whose basic needs were not met.

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[1]Douglas A. Thom, Everyday Problems of the Everyday Child (New York, 1927), p. 144.

CHAPTER IV

EMOTIONAL DISTURBANCES REFLECTED IN ANTI-SOCIAL BEHAVIOR

The child who acts out his impulses is apt to be regarded by his parents, teachers, and society as "bad" or anti-social rather than as an emotionally sick child.[1] However, such children are reacting to their environment and are in great need of warmth, attention, understanding and a chance to develop at their own rate with consideration for their "individual rights." Very often their behavior is a normal reaction of a particular stage of their biological and psycho-sexual development. Because these children have not been known to act in such a manner previously, some parents consider them different, aggressive, negativistic, and disobedient. To many parents, obedience is the submission of a child to the control of those in authority. Adults, in their efforts and attitudes to secure socially acceptable behavior or obedience, often over look the fact that a child is frequently reacting to parental attitudes and the social environment which surround him.

In the case of Mr. and Mrs. G. who were disturbed over Carol's behavior, both had been reared in families where obedience and cultural attitudes had been stressed. To them disobedience was a reflection of the lack of respect for parents, and loudness, on the cultural and social status of the family.

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[1]Gordon Hamilton, op. cit., p. 45.

Case of Carol

> Carol G., age 6 and the older of two girls, was very stubborn and disobedient with a determination to do everything her own way. When called in the house, she would refuse to come without a scene and often frequented places where she had been forbidden to play. Carol had picked up "a lot of vile language" and seldom talked in a moderate tone desired by her parents but always yelled boisterously and did not seem to know how to use a normal tone of voice.

It must not be over-looked that a child's obedience or disobedience depends much on his personality, his health, his oral and anal training, the environmental influences which act upon him, the stratum from which he emerged, the general social structure, and the standards prevailing in his home and among his associates.[1]

> Carol had a normal birth and had been a healthy baby. She was cared for by her mother until she was 18 months old at which time her mother returned to her position as a teacher. A day nurse was employed to care for Carol who had been toilet-trained early and was completely trained when her mother returned to work. From the time she started eating more substantial food she had been "fussy" about her meals. At the time of referral she ate probably one good meal per day but refused to eat all her food, and if her parents insisted, she would sit at the table and pout.

Amil, Carol's 4 year old sister, showed none of the behavior patterns that Carol had developed. Before Amil's birth Carol was an obedient child, but when Amil was born, Carol did give some evidences of being jealous, and some negativistic attitudes were shown. She had become stubborn and showed defiance and difficulty in accepting parental wishes.

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[1]Leo Kanner, Child Psychiatry (Springfield, 1946), p. 368.

> Carol was enrolled in a nursery school at the age of three and kindergarten at the age of five. At the time she came to the clinic she was in the first grade. As a part of her cultural and educational training Carol started taking music lessons at the age of five. At first she showed interest but soon refused to practice. It was advised that she not take music for another year, but her mother preferred that Carol continue.

Mrs. G. was a public school teacher and spoke in a soft tone. From her appearance and conversation she gave evidences of being an intelligent woman. She stressed aspects of refinement as an ability to talk in a moderate tone of voice and felt that loudness was demonstrated by people with little intelligence, lack of education, and low income. Mrs. G. held two educational degrees and was very prominent in social and civic affairs. Carol's maternal grandfather was a doctor, and the maternal grandmother a school teacher. Both maternal grandparents were outstanding citizens, and their children had been given many educational and cultural advantages. Carol's father was a pharmacist with a similiar background as her mother. Her paternal gramdparents were teachers and also active in civic and social affairs. Carol's parents had been able to maintain the social and economic standard for the family on par with that maintained by their parents and friends.

It seems possible that Carol was reacting normally, because her parents had deprived her of what she seemed to need and desire. As a child develops psycho-sexually, his most fundamental need is that of emotional security which is fostered

by love from his parents. From a very early age, it would seem that Carol had been rejected and denied the love, affection, and attention of her parents, because of their many activities. Therefore, Carol sought to express her need for attention through her loud and stubborn behavior. There is also the question of whether or not her parent's standards were not set too high since obedience or disobedience of a child depends to a great extent upon the standards and requirements of the environment and the attitude of those in authority.

In the following case Agnes, a 15 year old adolescent, was an only child. She was referred by the Children's Aid Society because she was disobedient, headstrong, very lazy, impudent and seemed never to take anything seriously. She was inclined to be disrespectful to her parents, grandparents, and adults in general; however, she expected a great deal from adults, and her mother felt she did not express sufficient gratitude to people. Whenever Agnes did not have her way, she had temper tantrums, would scream, yell, slam doors, and make so much noise that all the neighbors would come out and look. This behavior disturbed her mother who was mortified whenever the neighbors witnessed one of Agnes' tantrums. Agnes' mother felt that family matters should not be publicly aired, and consequently, Agnes was allowed to have her way. Her mother, sought help at the Children's Center because she did not know how to control Agnes' behavior and because she was very much ashame of her inability to cope with it.

Case of Agnes

> Agnes was an un-wanted child because she was born at a time when her parents were not ready to have children. She was breast fed for nine months, and when an attempt to wean her was made, she refused the bottle and then was weaned to a glass. Agnes had always been a somewhat difficult child as to food in that she had strong likes and dislikes. Although she presented a feeding problem she seemed to have been toilet trained easily, but had night sweats and frequent dreams which she did not relate because she said they had "no sense to them".

During interviews, her mother often remarked that she was deeply hurt and felt that she had been an inadequate mother and a failure with her own child. She had tried conscientously to rear Agnes carefully, but it was apparent that she had been inconsistent in her discipline. Agnes had always been a child with strong determination, and her mother would some times give in and at other would be very rigid. Her father's only method of punishment had been that of physical nature, and there were signs that Agnes feared him.

> At the time of the referral Agnes was in high school and although passing, did not show as much interest in her academic work as her mother would have liked. She was very popular and made friends very easy. Her mother was quite concerned about Agnes' popularity because she did not know the type of friends with whom Agnes associated. Whenever an attempt was made to limit or restrict Agnes in terms of her girl friends, she would become extremely up-set and accuse her mother of not wanting her to have fun.

Her mother was a law school student and had been very active in civic and neighborhood affairs. Her neighbors had presented her with a plaque and had offered to finance her continued education. Higher educational achievement had always been her dream, and after considerable discussion with

her husband, she had decided to return to school in order to obtain a law degree. She appeared to have considerable intellectual drive, and educational pursuits apparently meant a great deal to her. There was evidences that the mother competed with Agnes in terms of grades and that much pressure was being place upon the child in this area.

Although part of Agnes' behavior might be said to be typical adolescent behavior, much of it seemed to stem from rejection colored with over-protection, and restrictions combined with physical punishment by her parents. Much of her resentment, which she directed at her parents, seemed due to their inconsistent handling of her plus her uncertainty of her place in the family and with her parents. Agnes had shown rebellion, a need to break away, destroy, and injure those who had hurt and deprived her.. Basically, the rebellious child is attempting to protect himself by attacking some danger either to his pleasure needs or to his need for stability.[1]

Just as Agnes showed her aggression by being stubborn and disobedient, Bert, a ten year old boy, exhibited his feelings by being extremely aggressive and belligerent toward other children. His mother complained that he was much more immature than the average 10 year old.

Case of Bert

Bert, a very restless and seemingly nervous

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[1]Gerald H. J. Pearson, op. cit., pp. 279-290.

> child, was the fourth and only boy of five children. He had been born in a small southern community, but his parents moved North when he was approximately one year old. Bert had been breast fed until his parents moved and then was weaned. Because his older sisters were all of school age when Bert was an infant, he had received a great deal of his mother's attention. When he was four, his youngest sister was born, and Bert showed much rivalry and jealousy.

His paternal grandparents were share-croppers in a southern state, and his father had been reared under share-cropper's conditions. His maternal grandparents had died when his mother was 10 years old, and she had been reared by an aunt and uncle who were also share-croppers. It was here she met Bert's father, and they were married when she became illegitimately pregnant. At the time of their marriage, Bert's father was 19 and his mother only 14 years of age. Bert's parents lived with the paternal grandparents until they moved North to gain employment in a war plant.

> When Bert was five years of age he was enrolled in kindergarten where he immediately became a problem. When he was suppose to be working, Bert would often get up, walk around, and interfere with the other children, or run out the room as if to go home. Through-out his school career his behavior had been very aggressive. He often remarked he hated his teachers and all the children, however, he showed signs of wanting to make friends. Bert would play with the other boys until they did or said something which displeased him; at which time he would start a fight. Often he would destroy other children's property and was destructive in general. At home Bert antagonized his sisters, especially the youngest one and was often rude, disobedient, and defiant.

Bert's father continuously inflicted physical punishment on him because of his behavior and sent him to bed without his

supper. His mother told how she could not endure this form of punishment and would often slip food to Bert because this type of punishment reminded her of her own childhood. She had been harshly treated by her aunt and uncle, and when she did not comply with their wishes in the picking of cotton, she was beaten unmercifully and sent to bed without supper.

Since coming North, the family had been able to raise their standard of living so that they lived in fairly comfortable circumstances. The mother commented they did not have everything they wanted, but they were no longer sharecroppers. She seemed very proud of their economic gains and did not want her children to experience the hard-ships she and her husband had had. Bert's mother felt that much of her husband's rigid and harsh punishment was due to the father's emotional state. He had always had such high hopes for Bert and was very proud of his only son when he was born. He had many dreams and plans for Bert and had wanted to see him make "something great out of himself". The father's attitude indicated his displeasure with an ego extension and disappointment in his son.

Much of Bert's behavior seemed indicative of a somewhat inadequate ego ideal formation which he portrayed in the need to prove himself to others and to assert himself. In some situations, the only boy among several girls such as in Bert's case or the only girl among several boys is apt to be spoiled by the others or their parents. On the other hand, such a

child may feel and actually be isolated.[1] In such cases, the parents have a tendency to be oversolicitous and there by may impede a child from developing, resulting in prolonged immaturity and dependence, as exhibited by Bert in his infantile behavior and poor social adjustment.

Not only oversolicitous parents but also rejecting ones may cause poor social adjustment as in the case of Earl, age 7, who had been referred to the Children's Center by his school district principal because of his poor social adjustment in school. He was hyperactive, inattentive, and had a reading and spelling difficulty.

Case of Earl

> Earl was a well-built youngster who was quite active yet easily detracted. Whenever he became excited, anxious or placed under pressure, he seemed to develop a slight impediment of speech. He appeared to have great difficultyin verbal expression even when he introduced the conversation. This was further heightened when directly questioned or when he had to explain his action.

Earl's mother was a young, well-dressed, intelligent woman and the youngest of two children. The maternal grandfather was a doctor, and her childhood had been very much in keeping with those standards expected of a doctor's family in her community. Although she gave a history of a normal and happy childhood, there were evidences of sibling rivalry with her brother; and it appeared that she felt over-shadowed by

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[1]Leo Kanner, op. cit., p. 98.

him, whom she felt was the favorite child in the family.

When she finished high school, she had wanted to enroll in an Eastern University but had been denied this privilege because her brother was attending the local one. The maternal grandparents had told her that if the local University met her brother's educational need, it should meet hers. She was very much disappointed, but enrolled in the local University for her freshman year. While a student there, she met her husband who had previously been a student but had dropped out for financial reasons. Earl's mother admitted, although she loved her husband, she had married, partly, to defy the maternal grandparents.

In contrast to Earl's mother's background, his father was the son of a factory employee. The paternal grandmother was a very aggressive and domineering woman, and controlled the family activities. The paternal grandfather, however, was a very passive person and was referred to as "just a bread winner." There were evidences that the relationship between Earl's father and the paternal grandmother was not too intimate, except for his dependency upon her in financial and business matters.

Earl's father was a stoutly built person with an attractive round face. He was a warm, relaxed individual and verbalized very freely. On the other hand, he appeared to be very fixed in his point of view and ideas as to what his relationship to his son should be as well as his role as a father and husband

in general. It was apparent that his attitude was a defense and more of a compensation for the lacks in his own experiences with the paternal grandparents and his insecurity in his marriage to Earl's mother.

From the beginning of his marriage, there had been some martial discord which seemed to center around the differences in social and economic status between the parents. The maternal grandparents had not approved of the marriage, and many of the mother's friends reprimanded her for marrying "from the wrong side of the tracks" inferring that her husband could never afford to give her all the things to which she had been accustomed. Earl's father was made to feel inferior and became determined to show these friends of his wife that he could maintain a standard of living equal to or better than that of the paternal grandparents or his wife's friends. In an effort to achieve economically, Earl's father had controlled the budget and purchasing for the family to such an extent the mother had little to do with the choice of furniture or other material possessions.

In the beginning, Earl's mother had not wanted children until they became financially secure. However, his father insisted on children, saying that he had always been around children, his sisters and brothers, and was not happy without them.

> Earl was born two years after his parents married. His birth and early development was normal. When he was one year old, his father entered Military Service, and Earl, during this time was cared for by

> his mother and maternal grandparents who were inconsistent in their discipline; and placed much stress on small incidents pertaining to manners, respect, and obediences. When Earl was four his father returned from Service, and the following year his sister was born. At first Earl showed no overt sibling rivalry but gradually had grown very jealous of and quarrelsome with his sister. He had also developed a habit of showing off in front of company or when his sister was getting a great deal of attention.

When Earl's sister was born, his father gave her all his attention and affection; although, while in Service, he had written letters which included plans and activities for himself and Earl. On his return to the home the relationship seemed quite distant, and Earl received little attention from his father who seemed ill at ease around him. He refused to take Earl any place with him, and Earl's mother complained continuously about their relationship.

> Earl appeared very fond of his father. He would often carry articles of his father's to school in order to show them to his school mates, frequently, disrupting the class with such activities. At school, he seemed always to demand the center of attention. Earl was described by his teacher as being very unattentive, hyperactive in the class room and insistent on her attention. He seemed unable to do his lessons unless she stood over him giving him attention and encouragement. At times he would seem to be in a dream and when not dreaming, he would be disturbing the other children by talking to them, showing off, or interfering with their work. Earl had failed his first progressive test, given to all kindergarten children, and was failing in his 2-B grade work. When he was helped at home, his school work improved but this assistance appeared to be sporadic.

The school people felt that the mother was very rigid in her management of Earl yet was too engrossed in her own activities to give much time or attention to him. She had placed his

two year old sister in a day nursery and had enrolled in the local University to complete her education; and stated that her husband planned to return when she finished. Earl, like many school children whose progress is erratic and puzzling, whose behavior is perplexing or whose personalities manifest traits that give cause for concern, is suffering from factors in his environment which are causing him much difficulty. Along with the psychological factors contributing to the parental rejection of him much of it can be attributed to the fact that his father and mother had concentrated on economic gains and their personal interests as evident in the martial discord and indicated in the mother's complaints about her husband's inattentiveness to her as well as to Earl.

For four years, Earl was an only child and received all the attention of his mother and grandparents. At this age, he was deprived of this attention because it was transferred to his younger sister. In this attempt to satisfy his need for affection and attention, Earl showed off, wanted to be the center of attraction at school, and demanded special consideration from his teachers.

Children who find themselves confronted with many disturbing problems at home and in their relationships with their parents often show manifestations of their emotional disturbances out side the home, in their neighborhood, the school, or in their relationship with other children. Jerry, in the next case, is a good example of this. At the age of six, he had been

referred to the clinic because of conduct disorders. He was destructive, impulsive and explosive as well as aggressive, failing in school, and stealing. He was brought to the clinic by his father because his mother was still ill from a "nervous breakdown" which occurred at Jerry's birth.

Case of Jerry

> With the exception of the information that Jerry was a normal and healthy child at birth, little could be learned of his early development. He had always been a feeding problem, and his father stated that "you've got to sit there and make him eat". His mother had been extremely nervous after his birth, and had been hospitalized a great many times. Until approximately two years ago Jerry had been cared for by various housekeepers; but since then, his mother had cared for him. Jerry's mother was affectionate toward him, but he never allowed his parents to give him as much affection as they did his sister.

Since the birth of Jerry his mother had played little or no part in the family situation. However, since her return to the home she had more and more taken over the management of the home. She was able to do all her own work, and although able to function in the home, she did not get along very well outside the home. Her symptomatic complaints had been in the form of crying, lack of strength, and inability to stand crowds or confusion of any nature. She believed her nervous condition had been "passed on to Jerry".

> Jerry was a very high strung and nervous child who manifested much distractability, restlessness, and redundant behavior. His conversation and play were primarily aggressive in nature which gave the impression of a labile and easily stimulated person. Because of his inability to sit still, to concentrate on his work, or to keep from interfering with the other children during class hours, Jerry had caused his teachers and

> principal much concern. It was apparent that Jerry was quite impulsive in school; so much so that the school principal had said that some action had to be taken. Jerry had not been getting his lessons but had been promoted at his father's request.

Jerry's sister, who was 10 years old, had not given any trouble to the family. She was an honor student, had skipped first grade and had always been extremely responsible and helpful to her father. She appeared to be very devoted to Jerry and "looked after him like a hawk". She had been taught to keep an eye on him, and she corrected him with her parents' permission. Jerry and his sister had the "usual number of scraps", which were due in part to his sister's watching and checking him on his behavior.

> Jerry was a very mischievous and played pranks such as constantly turning the water hose on the neighbors' houses and destroying other people's property. However, his father felt he was often blamed for many things he did not do. Jerry seemed to want friends and to be loved but was somewhat aggressive and antagonistic toward other children. He would strike out at them and one day had biten one of them. Frequently, the children refused to play with him because of his behavior. There was also indications of stealing in order to make friends. His father stated he could not leave money around the house because Jerry would take it, spend it, or give it to other children.

The paternal great-greatfather came to America from Hungary and had settled in a mid-western state. He had land holdings in Hungary, and the paternal grandfather return to Hungary on occasions, seven times in all, to manage these land holdings. While there he met and married the paternal grandmother. The first three children, who were girls, were born in Hungary. The family grew up in a small American

community, and the paternal grandfather did fairly well in business of his own. Three boys were born to the family in this small community. Jerry's father was the youngest child. When he was 17 years old and in the third year high school, the paternal grandfather died. The entire family then moved and started in a men's clothing store.

The paternal grandmother wanted all the boys to become professionals, and Jerry's oldest uncle became an ear specialist, the second went into business with his father-in-law, and was successful. It appeared that Jerry's father was the only one who had not achieved financially or socially. He had finished high school and had worked in the family store, but at the time of the referral, his occupation was that of a truck-route supervisor for a large trucking company, and he felt that he had regressed. At one time he had attempted to attend a school of engineering where he studied business administration for two years. Due to Jerry's mother's illness and for economic reasons Jerry's father had to discontinue his studies. Although he claimed he was doing well, he felt that he had not achieved as much as the paternal uncles and had hopes of seeing his children attain that which he and his wife had not.

CHAPTER V

CONCLUSIONS

The Children's Center of Metropolitan Detroit is one of the ten clinics in the state of Michigan and was established in 1930 under the Children's Fund of Michigan for the purpose of improving the physical and mental health of children. Since 1948 this fund has been supplemented by state funds, and the Children's Center has operated as a state clinic. From the beginning, the clinic was set up on a team basis under the direction of a director. A psychologist, a pediatrician, and two psychiatric social workers completed the staff. A student unit was established which has continued and expanded until this program consists of psychiatric social work students, clinical psychology interns, psychiatrists training in child psychiatry, and medical students training in the prevention of mental diseases. During its years of constant work with the community and children, the Children's Center had promoted efforts along constructive planning. It has been equipped so that the child brought for study may be observed by means of play techniques and interviews. The services are divided into three aspects, namely, consultative, diagnostic, and treatment. Children are accepted for these services without regard to race, creed, or color. The Children's Center accepted children and their parents for therapeutic services and diagnosed and treated children who exhibited much emotional disturbances. Particular interest was focused upon parent-child relations

because it is an accepted operating principle that the emotional problems of children are inherent in the psycho-social difficulties of the parents themselves.

In considering the ten children studied who showed psychological reactions to their parental, social and economic desires, it was found that three children, namely, John, Ellen, and Alan reflected more or less acute anxiety states as a result of the aspirations and demands of their parents. In these cases, it seemed that Ellen, the oldest of the three children studied, reacted most traumatic to the ambitious demands of a parent person. These manifestations were of a compulsive neurotic nature with much evidence of seizures and hysteria and seemed to be aggravated by the mother's need to "push" the child to achieve vocationally before she was ready. Ellen's mother's unfilled ambitions and need for recognition were carried over into her excessive expectations of Ellen.

In the cases of John and Alan, the maternal figure was again the dominating person who expected too much of her child. Both mother-persons were disappointed in their children and indicated that they could not fully accept or approve of them. Of these two cases, Alan seemingly reacted more traumatically in that his fears and inabilities to meet the expectations of his mother were expressed in nocturnal terrors. John, however, indicated fear and insecurity, in the mother-son relationship by being unable to be frank with her.

Only two of the ten children studied showed protective

mechanisms against parental aspirations and expectations for their children which were manifested in the form of poor habit formation. In these two cases, namely, Lynn and Carl, temper tantrums and finger-sucking were characteristics which gave some evidences of feelings of insecurity and a need to regress to a more infantile stage of development. Significantly, in these two cases the father-persons were disturbed individuals and did not play a very dominant role in the family group.

Significantly, half of the ten children studied reflected aggressive, impulsive behavior and much need to retaliate against parents who demanded too much of them. In four of these cases, the mother exercised a most domineering position and controlled the family. In four situations, there appeared to be marital friction and some tendency on the part of one or both parent persons to reject the child because he had disappointed them academically or socially or because the parents were too engrossed in their own economic and social gains.

Rigid discipline was used in the five cases where the children acted out their feelings to compel them to conform to some pre-conceived parental concept or desire. The two children, Bert and Jerry, showed reactions to parental ideals and ideas which reflected ego extension, while the cases of Carol and Agnes reflected parental desire to have them adhere to high social and moral standards. In all the cases, there was inadequate achievement educationally, occupationally or socially on the part of the parent of parents.

It is the opinion of the writer that children, who have disturbed emotional responses, personally and socially, and who are impeded in their adjustment within their family group, the school, and social groups, are reflecting the reactions and feelings of their parents. Moreover, they are products of an emotional climate over which they have no control; and the situational psychological atmosphere which is produced stems from the deprivations, denials, and unfulfilled expectations of the parent-persons. It would seem that the case worker can do very little to change or modify the economic, educational, and social situations in which a child and his parents seem to be enmeshed but can understand what these situations do to a child and his family as they attempt to make an adequate adjustment.

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